APPLICATION FOR BLIND PERSONS EXEMPTION
FROM LOCAL PROPERTY TAXES
(Title 36 M.R.S.A. Section 654)

1. Name of Applicant:_______________________________________________________________

2. Mailing Address:_________________________________________________________________

3. Legal Residence:________________________________________________________________

4. Telephone Number:______________________________________________________________

5. Eligibility:
   a. Has the applicant been determined to be blind by a licensed Doctor of Medicine, Doctor of
      Osteopathy or Doctor of Optometry? (Please attach appropriate documentation to prove
      eligibility).
         ☐ Yes ☐ No

NOTE: No property conveyed to any person for the purpose of obtaining exemption from taxation
under this provision shall be so exempt, and the obtaining of such exemption by means of
fraudulent conveyance shall be punished by a fine of not less than $100 and not more than 2
times the amount of taxes evaded by such fraudulent conveyance, whichever amount is
greater. In case any person entitled to such exemption has property taxable in more than one
place in the State, such proportion of such total exemption shall be made in each place as the
value of the property taxable in such place bears to the value of the whole of the property of
such person taxable in the State.

____________________________________   _________________________________________
Date           Signature of Applicant

____________________________________   _________________________________________
Date            Signature of Guardian or Authorized
Agent if Applicant is unable to sign

FOR ASSESSOR(S) USE ONLY

☐ APPROVED $4,000 times certified ratio = ________________________________

☐ DENIED Grounds for denial:___________________________________________

____________________________________
Date:__________________________ Assessor(s)______________________________

___________________________________________________________________________
___________________________________________________________________________

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